

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000059048**

1. Entity Name

SUNCOAST WOODCRAFTERS, INC.**FILED****00 OCT 12 AM 10:06****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1532 - 77TH STREET NORTH
ST. PETERSBURG FL 33701**

Mailing Address

**1532 - 77TH STREET NORTH
ST. PETERSBURG FL 33701**

2. Principal Place of Business

10718 61ST AVENUE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 41

Suite, Apt. #, etc.

City & State

SEMINOLE, FLA

City & State

Zip

33772**USA**

Zip

Country

4. FEI Number

59-3585071

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WITHERS, HOYT
1532 - 77TH STREET NORTH
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WITHERS, HOYT	
STREET ADDRESS	1532 - 77TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, RONNIE G	
STREET ADDRESS	10844 - 60TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOYT R WITHERS

Date

Daytime Phone #

10-8-00 394-9068

CR2E004 (5/00)

KE